



Date Received\_\_\_\_\_

Received by\_\_\_\_\_

**CITY OF EL PASO  
MASS TRANSIT DEPARTMENT  
SUN METRO TRANSFER CENTER  
NAMING/CHANGE APPLICATION FORM**

**Applicant Information:**

Name of person or organization requesting name change: \_\_\_\_\_

Address\_\_\_\_\_

Street, City, State Zip\_\_\_\_\_

Non-Profit Status (If applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Naming Information**

Current name of Transfer Center\_\_\_\_\_

Name to be considered in addition to current name\_\_\_\_\_

Does this name duplicate the name of any other Transfer Center in El Paso?

\_\_\_\_\_

Do you expect any public opposition to this request? \_\_\_\_\_. If so, describe what  
opposition your request may face. Add additional pages if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**If the name change is of a person who is deceased, what was the date of the person's death?**

\_\_\_\_\_.

**Explain how this deceased person was prominent in El Paso or elsewhere and demonstrated a continued commitment and/or made an extraordinary contribution preferably to public transportation or Sun Metro and its programs.**

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**Is the name change for a person who is alive? \_\_\_\_\_. If so, explain how this person is extremely prominent locally, in Texas, nationally or internationally, and what worthy and extraordinary contribution, preferably to Public Transportation, has been made by this person? Attach additional pages if necessary.**

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**Is the person or group requesting the change willing to incur the customary costs associated with the naming or renaming of a Transfer Center? \_\_\_\_\_**

**List eligible members of the public who support this requested name change. Include the names and addresses of at least 50 persons, ages 18 years (eighteen) or older, who live within the Sun Metro service area of El Paso who have signed a petition of support for the**

name change or who will appear in person at a location to be determined to show their support. Attach additional pages if necessary.

<u>NAME (Print)</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>	<u>PHONE/CELL</u>
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**PLEASE ADD A FULL BIOGRAPHY:**